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WHEN AND HOW TO CURETTE THE UTERUS.*

BY CHRISTOPHER MARTIN, M. B., EDIN., F. R. C. S., ENG.

INDICATIONS.

The operation of curetting the uterus is indicated in a number of pelvic disorders which differ widely in their nature and their gravity.

1. Probably the lesion that most frequently demands its performance is chronic endometritis. But great care is required in the proper selection of cases; and this for two reasons. (a) Many cases of endometritis recover completely without any operation. Thus in simple uncomplicated cases we would first try the effects of non-surgical remedies—rest, hot douches, saline aperients, glycerine and ichthyol tampons, such drugs as bromide of potash, chlorate of potash, hydrastis and viburnum, and the occasional swabbing out of the uterus with iodine or carbolic acid. Should these measures fail, curetting is distinctly indicated, and will, in the great majority of cases, effect a cure. (b) Endometritis is frequently associated with other and much more serious pelvic lesions, which call for a very different line of treatment. Thus endometritis, due to sepsis or gonorrhea, is often complicated with pelvic cellulitis and peritonitis, with ovaritis, salpingitis, or pyosalpinx. To curette the uterus in the presence of such lesions would be to court disaster. I have seen a slumbering salpingitis converted into a virulent and fatal pyosalpinx by such a proceeding. It may be laid down as an absolute rule that if there be evidence of periuterine inflammation or disease of the uterine appendages, curetting is contra-indicated.

2. The second great class of cases which call for curetting are those where we have, as the result of the incomplete emptying of the pregnant uterus, the retention within its cavity of pieces of membrane, fragments of placenta, even portions of a putrid fetus. These retained morsels may give rise, on the one hand, to severe uterine hemorrhage, and on the other to septic absorption. The symptoms are not at all in proportion to the size of the offending fragment. It is remarkable how small a piece of placental tissue—not larger than a hazle nut—will cause frightful and most persistent floodings. On the other hand, I have removed a mass of placenta as large as a man's fist, which had been retained in the uterus for many months, and which only caused an offensive discharge.

In these cases there must be no delay in operating—no dallying with medicinal remedies. Ergot and hydrastis are useless to relieve the hemorrhages; antiseptic injections will not stop the offensive discharges; quinine and anti-pyrin will not check the progress of septic absorption. As soon as the presence of the offending fragment is diagnosed it must be removed with the curette. In no class of cases does operative interference yield more brilliant results. The hemorrhage ceases at once, the offensive discharge disappears, the symptoms of septic intoxication subside,

*Abstract from the Provincial Med. Journal.

and the patient's health is restored wth marvelous rapidity.

But it must be remembered that in the septic cases the prognosis depends to a large extent on the degree of septic absorption. If it be only a sapremia, the removal of the putrid fragment will cure the patient; if it be a septicemia, the outlook is much graver. Curetting will undoubtedly save many cases of puerperal septicemia where the fons et origo mali is a mass of necrosing material in the uterus, and where the systemic infection is not profound. But it is obvious that if a pyosalpinx have formed, or there be suppurative peritonitis, curetting will do positive harm. Curetting is not a panacea for puerperal fever; much discrimination is required in the selection of suitable cases. The best results are obtained where the symptoms clearly point to a retained and putrid fragment in the uterus, where the surgeon is called at an early stage of the disease, and where the clinical phenomena are those of septic intoxication rather than of septic infection.

3. There are two diseases of the uterus in which curetting has been advocated as a palliative—viz.: myoma and cancer. It has been recommended in certain cases of myoma as a means of checking the excessive losses. I cannot too strongly condemn such a proceeding. If the tumor be causing symptoms severe enough to call for interference, then it is better to perform removal of the appendages, myomectomy, or hysterectomy. If the symptoms be so slight as not to call for such severe measures, rest and the usual medicinal remedies will suffice. Curetting, at best would only temporarily relieve the patient, and might do infinite harm by inducing sloughing of the tumor and subsequent septicemia.

So, also, in the case of cancer, it is questionable if it afford any but the most transient benefit. Even if it temporarily relieve the patient, it is obvious that we cannot by its means remove the whole disease and so cure the patient. I have, it is true, seen striking temporary relief afforded by freely scraping and gouging away the friable rotting diseased surface, and then vigorously searing with Paquelin's cautery, the raw tissue exposed. The hemorrhage and stinking discharge cease for a time, the patient's pain diminishes, she puts on flesh, and frequently buoys herself up with false hopes of cure. But at best the respite is short; and in many cases when the disease again manifests itself it advances with fearful rapidity. When the growth is strictly limited to the cervix or the endometrium, we should offer the patient the more certain hope of cure afforded by vaginal extirpation of the uterus. If the disease be too far advanced for this operation, the less we interfere with it the better.

4. Lastly, curetting is occasionally demanded for diagnostic purposes. Where we suspect that the patient is suffering from early cancer or sarcoma of the uterus we may obtain, by curetting, fragments of tissue for microscopic examination, and may thus diagnose malignant disease in its early and most remediable stage.

ARMAMENTARIUM.

The armamentarium for curetting the uterus should include the following: Anesthetics, antiseptics, Clover's crutch, razor, speculum, vulsellum forceps, a set of uterine dilators, a set of curettes including a "flushing curette," uterine sound, scissors, six Playfair's probes (or some substitute) armed with absorbent wool, Paquelin's cautery or a bottle of iodized phenol, iodoform gauze, sponges or gauze compresses, catheter, douching apparatus. I shall presently refer in detail to the use of these various instruments.

ASEPSIS.

It is of the utmost importance that everything that comes in contact with the genital tract during the operation must be aseptic. The instruments should be made entirely of metal and should be boiled for fifteen minutes in soda solution (1 per cent.) immediately before each operation. Instead of sponges I use guaze-compresses made of a square of gauze folded into eight thickness-

es. These should be sterilized before the operation by boiling or steaming for an hour. They are not quite so absorbent as sponges, but they are cheap, easily prepared and easily sterilized. The same compress should never be used twice; and after the operation all that have been used should be destroyed. For the disinfection of the hands of the surgeon, his assistant and the nurses, I believe in prolonged scrubbing with soap and lysol solution (1 in 100), using a nail brush and loofah, followed by immersion in corrosive sublimate solution (1 in 1000).

PREPARATION OF THE PATIENT.

The preparation of the patient is important. When we can choose our time the operation is best performed about midway between two menstrual periods. In many cases, however, as when the hemorrhage is continuous or the symptoms are urgent, we must operate without delay. For twenty-four hours before the operation she must rest in bed. The bowels must be freely opened the day before; and on the morning of the operation an enema should be given to ensure an empty rectum. The vagina should be well douched the evening before, and again on the morning of the operation, with some reliable antiseptic solution—lysol, iodine, or corrosive sublimate. Immediately before the operation the nurse should pass the catheter and empty the patient's bladder.

The patient having been anesthetized she must be placed in the lithotomy position—and this is most conveniently effected by Clover's crutch. Even in cleanly women the hair about the genitals is laden with micro-organisms and hence should now be shaved off with a razor. The vulva should be scrubbed with soap and lysol water (1 in 100), care being taken to remove the sebaceous matter that is apt to collect in the various folds.

The vagina should be similarly cleansed and as far as possible rendered aseptic. It should be vigorously wiped out with pads of sterilized gauze, in order to remove as far as possible the thick mucous discharge that besmears it. This mechanical scouring is more effective in freeing the vagina of germs than is mere douching with antiseptics.

Before commencing the actual operation a final bimanual examination should be made in order to make sure that there is no disease of the appendages and that the uterus is not fixed by perimetric adhesions.

INSERTION OF SPECULUM.

The perineum should be pulled back by some form of speculum. Sims' duck-bill speculum is the form usually employed for this purpose, but it necessitates the employment of an assistant. I can strongly recommend, in place of it, the use of Auvard's speculum. This is heavily weighted with a ball of lead, so that the instrument is self-retaining, and by its own weight pulls back the perineum and posterior vaginal wall. I have found it of great service when I have had to perform curetting without assistance. It can only be used, however, when the patient is in the lithotomy position.

DILATATION OF THE CERVIX.

The next step is to dilate the cervix. This is not always necessary. For instance, in puerperal cases the os is usually widely gaping and the canal patulous. There are numerous methods of effecting dilatation, each of which has its own peculiar drawbacks, though some are much more objectionable than others. Of all methods, that involving the use of tents is the most dangerous. The risk of sepsis, with all its disastrous consequences, is so great that the tents may at once be dismissed from consideration.

Mr. Lawson Tait's method of dilating the cervix by slowly forcing through it a series of conical dilators, by means of continuous elastic pressure, is highly ingenious. It will, in the great majority of cases, effect its purpose well, and secure full and complete dilatation of the cervix. But, unfortunately, the method has many serious drawbacks. It is tedious, the process occupying from twelve to forty-eight hours. It requires very careful adjustment of the elastic cords in order to direct the dilator in the right direction. Should the uterus be retroflexed or

anteflexed the dilator is apt to plough its way in to the muscular tissue of the uterine wall and not dilate the internal os at all. It necessitates frequent attendance and repeated examinations on the part of the medical man. It usually causes the patient much pain, sometimes necessitating the free administration of morphia. But probably the most serious objection to the method is that it is rather apt to be followed by inflammatory mischief in and around the uterus, partly from mechanical irritation, partly from sepsis. I used this method exclusively for over four years, but was compelled reluctantly to abandon it in favor of rapid dilatation by means of Hegar's dilators, or some modification thereof. This latter method is infinitely easier, simpler, and less troublesome for the surgeon; it entails no suffering on the part of the patient, being effected under anesthesia; and I am convinced that it is safer. Whilst the dilatation it effects is not so perfect as that attained by Mr. Tait's method, it is all that is required for the purposes of curetting.

The particular dilators I myself prefer are those introduced by my friend Dr. Hawkins-Ambler, of Liverpool. I have used them extensively for the past ten months, and have found them very satisfactory. They consist of a graduated series of metallic bougies constructed on the principle of the "wedge-shaped" bougies used for dilating the male urethra. Being made of solid steel they are easily rendered aseptic by boiling in soda solution (1 per cent.) for a few minutes. Having a highly-polished surface they slide in with a minimum of friction. A set of six will be found sufficent for all ordinary purposes, and will easily, rapidly, and safely effect dilatation.

The anterior lip of the cervix should be seized with vulsellum forceps and drawn down to the vulva. If the uterus be so held (by adhesions) that it cannot be pulled down, the operation had better be abandoned. Having ascertained by means of the uterine sound the precise depth of the uterus and the direction of its canal, the surgeon holds the vulsellum firmly in the left hand and with his right slowly passes the smallest-sized dilator (smeared with some antiseptic lubricant) into the uterus. If it meets with no resistance he at once withdraws it and passes the next size. If the cervix grips the dilator and resists its passage, the surgeon must press the instrument very slowly home. Having got it in he should wait a little before withdrawing it. After a longer or shorter pause the grip of the cervix will be found to relax, and then the instrument may be withdrawn and the next size inserted. If this relaxation of the cervix does not occur within a few minutes the instrument should be withdrawn and reinserted.

The limit of safe dilatation varies in different cases. Where the patient has previously had a child it is usually easy to dilate the cervix until it will admit the forefinger. But if the uterus be nulliparous, and particularly if it be infantile, the process of dilatation is more difficult, takes a longer time to effect, and should not be carried to the same extent. As a rule it is possible to dilate a parous uterus in from ten to fifteen minutes, whilst a nulliparous womb may require half an hour or more. When the most resisting part of the cervix is at the external os it is sometimes necessary to nick it bilaterally with scissors before dilating. The chief objection to the method of rapid dilatation is that if the tissue of the cervix be very resistant it will not stretch but tear. If unnecessary violence be employed, the uterus may be perforated or even ruptured by vertical splitting. Such accidents, however, should never occur if reasonable care be taken, and there be no undue force or haste on the part of the surgeon.

A less serious accident is laceration of the cervix, which may occur if its tissue be very soft and vascular, the teeth of the vulsellum tearing out when the dilator meets with resistance. If the degree of dilatation will permit, the forefinger should now be passed into the uterus and its cavity explored.

APPLICATION OF THE CURETTE.

For nearly all cases the sharp curette will be found preferable to the blunt one, and the best form is a modification of Simon's sharp spoon. It should be made wholly of metal so that it may be sterilized by boiling before each operation. The largest size that will easily pass the cervix should be gently introduced and passed without any force until it impinges on the fundus. Steadying the cervix with the vulsellum the sharp edge should be pressed firmly against the mucosa and the curette drawn slowly down—scraping off a vertical strip of the whole thickness of the mucous membrane and exposing the muscular coat.

By a repetition of this maneuver a series of parallel strips are removed until first the anterior, then the posterior, and then the lateral walls are completely denuded. The surgeon must then carefully curette the fundus and the two upper lateral angles leading to the Fallopian tubes.

CLEANSING THE UTERUS.

The flushing curette is a most useful instrument when the uterus contains much debris—as in cases of retained secundines. The handle and stem are tubular, and if the instrument be connected with the tubing of a hydrostatic douch-can, will permit of the passage into the uterus during the act of curetting of a constant stream of weak antiseptic solution, which carries with it, as it escapes through the cervix, all clots and loose fragments of tissue. If the solution be used hot enough it will also check bleeding.

If the flushing curette be not used, the clots and tissue debris should be wiped away by means of probes covered with absorbent wool. The instrument commonly used for this purpose is "Playfair's probe." This consists of a wooden rod capped with metal. It is objectionable, because blood, etc. is apt to lodge between the wood and the metal, or soak into the wood, and be a source of sepsis. Where the probes are made wholly of metal (steel or aluminium), they are not open to this objection, being easily sterilized by boiling or by being heated in a flame. They are, however, somewhat expensive (costing three or four shillings each).

For the last two years I have used wooden skewers ("pheasant skewers") instead of Playfair's probes, and have found them to answer admirably I buy them from the poulterers in bundles of a hundred. To prepare them the ends must be roughly rounded off with a penknife and the skewers boiled or steamed for an hour or more to sterilize them. When wanted for use the end should be wetted and the wool rolled on in a thin film. They are so cheap (costing sixpence to one shilling a hundred) that one can afford to destroy, after each operation, all the probes that have been used. No probe is used twice, and in this way the risk of carrying septic infection from one uterus to another is reduced to a minimum. When it is remembered how frequently curetting is performed in septic cases, it will be seen that this risk is no imaginary one.

APPLICATION OF CAUSTIC.

Having thoroughly washed or wiped out the cavity of the uterus and cleared away all clots and debris, we should apply to the raw surface left some powerful cauterizing or disinfecting agent. For a long time I use to sear the interior of the uterus with Paquelin's cautery. The objection to its use is that the caustic effect is not distributed evenly over all the raw surface. The lateral angles and part of the fundus are apt to be missed, whilst the cervix may be so severely burned that sloughs form. At each spot it sears, its germicidal influence is of course intense; but it does not affect all parts equally, the sulci, crevices, and lateral angles escaping. For this reason it is better to swab out the uterus with a caustic liquid such as iodized phenol, applied on a wooden probe armed with absorbent wool. Any excess of the caustic that trickles out of the cervix must be at once removed with absorbent wool or gauze sponges.

PACKING THE UTERUS.

A long narrow strip of iodoform gauze (one inch wide and one yard

long) should be ready at hand, and the uterus firmly packed wth it, the end being left hanging out of the cervix into the vagina. This gauze packing serves four useful purposes —It soaks up all excess of iodized phenol, it checks bleeding from the denuded surfaces, it protects the raw surface from infection from the vagina, and it ensures the drainage of the uterus. The vagina must be wiped free from clots, etc., and then lightly packed with iodoform gauze. A pad of antiseptic absorbent wool is placed over the vulva and fixed with a T-shaped bandage. The gauze may be removed on the third day, and thereafter the vagina douched night and morning with lysol or iodine water. In all cases the patient must stay in bed for ten days after the operation.

RESULTS.

The immediate risk of the operation is extremely small and the ultimate result excellent, if the operation be skilfully performed, in suitable cases, and due aseptic precautions be taken. Conversely, if the surgeon use unnecessary force or bungle his work, or disregard contra-indications or neglect the rules of surgical cleanliness, the patient runs the gauntlet of such disasters and complications as rupture or perforation of the uterus, laceration of the cervix, pelvic cellulitis, pelvic peritonitis, salpinigtis, pyosalpinx, septicemia and pyemia—truly a formidable list! Not one of these evil sequele ought, however, to occur if the surgeon follow the indications I have laid down in this paper.

SOME CLINICAL NOTES.

BY E. CHENERY, BOSTON, MASS.

LUPUS OF THE FACE.

A clergyman, aged 63, of used-up nervous system, had a lupus on the left side of the nose for three years. It extended from the ala upward to the outer third of the eyelid. The whole was curetted out to the firm, hard flesh, with a sharp curette under ether. This included a nest of the cells dipping down under the eye. The whole was dressed with chloride zinc paste to cauterize any stray cells and to bring the surface into a more rapidly healing condition than the curette left. The wound measured 2 1-2 by 1 1-2 inches. Weak solution of the zinc, and bread and milk poultices were then applied, and brought prompt and successful healing.

A CASE OF ENURESIS.

A boy. 9 years old had always been weak in this respect, so that he wet his clothes, wet down under his seat in school, wet the bed at night, and was a nuisance to himself and all concerned generally.

Nothing which had been tried appeared to amount to much. The teacher was requested to give him liberty to go out when ever he felt he must, without waiting to ask permission at the time. Then he was put on large doses—as many as ten drops—of iodide of iron. In a short time improvement began to show, which went on to permanent cure, by continuing the iron for some weeks.

CHOLERA INFANTUM.

Nothing else has brought me the prompt and almost certain success in cases of this disease that I have for years secured by the hyposulphite of soda. It has the double power of arresting the fermentation and of purging away the foul matters from the bowels. If a case can be got hold of reasonably early. it is almost certain to yield to this remedy. After this the chalk mixture or bismuth, in place of chalk mixture, completes the cure. Where the bowels are inflamed, as in enteritis or enterocolitis, its work, is not so satisfactory, because there is more than the fermentation to contend with. Even here it is most valuable in conjunction with minute doses of calomel and bismuth and the free use of flaxseed tea, with a pre-digested diet.

A CASE OF APPENDICITIS IN A YOUNG WOMAN, OR POSSIBLY A CASE OF PERITYPHLITIS.

An unmarried woman, of 19 years, was taken with pain and tenderness

in right iliac. A tumefaction became apparent. At length, by palpation and vaginal examination, both my son and myself were satisfied that pus had formed.

Without using ether, a speculum was introduced into the vagina and through it a needle passed, penetrating the pus cavity, as was evident by the escape of pus through the needle. A pump was attached and six ounces of extremely fetid pus was removed. Three days later another similar operation was repeated, bringing away three ounces of pus. Then the cavity was thoroughly washed out with solution of the bichloride. This ended that job completely.

ABSCESS OF THE CHEEK.

It is to be borne in mind that matter forming in the tissues beneath the skin of the cheek cannot get through the skin. The circulation in the skin is so very active in this portion of the face it counteracts all the disintegrating action of the abscess; hence the pus forms a sack for itself here, as it does in the brain and the heads of the bones; and it will remain indefinitely. If the matter forms by the zygoma or over the malar bone it is likely to erode the connective tissue on the lower side and advance downward till it reaches the point in the cheek where the muscles cross to make the dimple, and there it will stay and encapsulate itself.

How then shall such cases be treated?

If the abscess is old and becomes encapsulated it may be opened by a fine knife, just where the dimple should be, and the sack injected or treated by iodine, to promote its absorption. In this way there will be no perceptible scar, only an apparent dimple. I once so treated a little lady who had a dimple on the other side of her face and, so far from injuring her features, I simply converted her into a double-dimpled lassie.

If the abscess be recent, without the capsule, the skin of the face may be preserved by opening from the inside of the mouth, though it is more difficult to do so, for the depth of the tissues is several times the thickness of the skin. Recently I had a young man whose face was very fair and smooth. He had had an inflamed upper molar, which was not timely removed, and the inflammation got out into the tissues of the face and formed a large abscess over and above the place for the dimple. I laid him down, administered chloroform, and with a knife at 45 degrees with the handle, I opened from the buccal cavity, carefully selecting the space between or through the edges of the muscles, so as to strike the cavity of the abscess through as little muscular tissue as possible, the abscess lying just beneath the skin. The matter was thus discharged, but it required considerable after treatment to keep the opening clear till the abscess cavity healed and ceased to flow pus. However, a week brought us through all right, and his cheek is now unmarred and as fair as ever.

A THERAPEUTICAL STUDY OF SALOPHEN.

Among the many advantages which salophen presents over the salicylates especial emphasis must be placed upon its absolute freedom from toxic effects and its perfect safety in cases of rheumatic affections attended with severe cardiac disturbances. A case in point is cited by Dr. Marie in a report on salophen made before the Medical Society of the Hospitals of Paris, May 11, 1895. The patient, a man, was suffering from acute articular rheumatism, with arotic incompetence of old standing and attacks of angina pectoris. Salicylate of soda was administered, but under its use the cardiac symptoms were markedly increased. Salophen was then resorted to and considerable improvement obtained within two days after its administration. In consequence of its too rapid discontinuance, however, the cardiac trouble recurred, but was promptly checked by resumption of the drug, a complete cure resulting within a fortnight. This case, like many others reported

by clinicians of this country and in Europe, clearly demonstrates that, while equal in efficiency to the salicylate, salophen is vastly superior on the score of safety. It would also appear from Marie's observations that salophen may prove as serviceable in the treatment of gout as it has in rheumatism. In a case of plumbic gout, which had previously resisted the salicylatem, the new remedy was not only well tolerated, but exerted a rapid and favorable effect. In chorea, which seems to be related to the rheumatic diathesis, salophen also afforded good results. Another point in favor of this drug is the fact that in cases where the salicylate produced marked gastric disturbance, the digestive functions were re-established under its use. Dr. Marie regards 3.0 to 4.0 gm. as the average daily quantity of salophen, which he is in the habit of dividing into six doses. In view of its tastelessness and insolubility it can be readily given dry on the tongue and followed by a drink of water, or in capsules or wafers. It can also be obtained in the form of tablets, which are by many considered an eligible means of administration.

The William F. Jenks memorial prize of $500, under the deed of trust of Mrs. William F. Jenks, has been awarded to A. Brothers, M. D., 162 Madison street, New York, for the best essay on "Infant Mortality During Labor, and Its Prevention."

The Prize Committee also reports as highly meritorious the essay on the same subject bearing the motto, "Vade Mecum."

The writers of the unsuccessful essays can have them returned to any address they may name, by sending it and the motto which distinguished the essay to the Chairman of the Prize Committee, Horace Y. Evans, M. D., College of Physicians, Philadelphia.

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PROFESSIONAL LOYALTY.

Something less than a year ago the Philadelphia Hospital managers demanded the resignation of Dr. Judson Daland for no other reason than that it was believed he had imposed needless cruelty on his patients suffering with malaria in order to secure from each a drop or two of fresh blood that he might microscopically examine the specimens for the plasmodia-malariae. The operation was entirely harmless and without pain; besides, by it, it was possible to recognize the actual character of the disease present, and, therefore, institute remedies possessing specific action on it.

The doctor was peremptorily relieved of duty and the trustees at once proceeded to nominate his successor, their choice falling on that eminent Philadelphia physician, Dr. H. A. Hare, a gentleman known the

world over as standing in the very front rank of medical progress.

But they counted without a host, for, to the eternal honor of Dr. Hare be it said, that while the clinical advantages offered were of infinite value and could be well utilized, he spurned the offer, rather submitting to make the sacrifice than succeed another practitioner under the existing circumstances.

In what striking contrast was this action of a member of the faculty of the University of Pennsylvania with that of two of the medical colleges of New York very recently, as we have observed at the Harlem Hospital.

A member of the out-door department of the hospital, who was expelled from the service more than a year ago, finding that he could not be reinstated, went before the new Board of Commissioners of Charities and Corrections and demanded a reopening of his case. The Medical Board of the hospital were cited to again submit the evidence on which their action was based. After the hearing the Commissioners declared that they saw no grounds for reversing their action of a year before; but they added that the expelled practitioner had come to them and threatened legal action against the Medical Board and warned them that he proposed to go into the press and expose the management of the Harlem Hospital.

A few days after this, true to his promise, through a third-rate daily newspaper he commenced his attack, making the most scurrilous and malicious charges against the members of the medical staff individually—at first for inhumanity in experimental, necropsy, dissecting and operating work, and then on the entire medical management.

The hospital Medical Board, being apprised at the central office that this sort of rotten-egg warfare was to be leveled against it, took no positive action in this matter of newspaper clamor.

But imagine their surprise soon after when all the daily papers of New York simultaneously published the announcement "that in consequence of scandals unearthed, etc., the Commissioners had been forced to act, and had dismissed the entire Medical Board of the Harlem Hospital."

This appeared so extraordinary and improbable that it at first seemed incredible that a Medical Board, held strictly responsible for a medical service which provided no remuneration, would be wiped out in this fashion, and it was believed to be a canard; for, to displace an entire Medical Board of a hospital, without charges or cause, or some opportunity for defense, without a hearing, or any opportunity of vindication, was, indeed, even in the most palmy days of Tammany Hall, something unprecedented and unheard of.

On appeal of the Medical Board to the Commissioners they denied that there were no charges against any member of it, but that in order to relieve themselves of the responsibility of the service they had decided to leave the reorganization of the service to the three regular medical colleges and the ex-collegiate of Bellevue Hospital; in the meantime promising to reappoint any of the old members of the board so nominated.

This virtually left the matter in the hands of the medical profession. Accordingly to this the old board looked for redress; and, let us see, now that the test came, the attitude of two medical colleges in New York toward aggrieved and injured members.

The former board consisted of Drs. John G. Truax, executive of the hospital, who with Dr. S. G. Armstrong were the visiting physicians; Drs. Thomas H. Manley and Charles B. White, visiting surgeons, and Dr. A. Palmer Dudley, gynecologist.

By the reorganization the gynecologist's position is abolished andthe staff is increased from five to eight—four physicians and four surgeons, of which two were nominated as usual.

Immediately the ex-collegiate of Bellevue, which represents the outside profession, renominated Dr. Truax as visiting physician and Dr. A. Palmer Dudley as visiting surgeon. The president of the University Medical College faculty, Dr. William H. Thomson, promised Dr. Man-

ley a renomination, as did the faculty of Bellevue Hospital promise Dr. White; each of these gentlemen entering the surgical service of the Department of Charities and Corrections as alumni, and representatives of these schools, after competitive examinations, the former in 1875 and the latter in 1882.

Dr. T. T. Armstrong, being about to accept another appointment, did not seek renomination.

The University failed to keep faith with Dr. Manley and ignored him in their nominations. Bellevue, from which we have heard so much on defending medical honor and independence in the late code controversy, stultified itself in disregarding one of its most loyal alumni, ignoring Dr. White.

The College of Physicians and Surgeons alone has stood out and delayed to move in the matter until they have had an opportunity to investigate the whole affair and determine whether or not it can be a party to imposing a very serious injustice on members of the profession, who have for years served in the performance of very arduous and responsible duties in the public service, and in the end to be treated with much less consideration than common street sweepers.

To summarily displace medical officials who enjoy liberal salaries is one of the events of politics, which all must be prepared for who accept such places, but to remove without proper cause physicians who serve voluntarily and derive no returns, except what indirectly accrues through a large sacrifice of time in attaining proficiency, is not only a wrong, but is certain in the end to react with detriment to the service, as one with unstability of tenure and uncertainty of position is quite certain to give but indifferent attention to his cases.

THE CORRUPT, DEMORALIZED LAY PRESS.

The news of the trial of Dr. Reeves by the Amick Company once more brings out in strong relief the present degenerate state of the press. His trial has unearthed the vilest scheme ever known in journalism to force on the notice of a confiding public the special virtues of an advertised nostrum. That the press was bribed was only too clear to any one who followed the case.

In this case the associated and local press of Chattanooga is charged with forging dispatches and declaring that the Chattanooga Board of Health was working wonders with the "Amick Cure," while as a matter of fact no such medicament was ever known to that body.

Dr. Reeves, the able and fearless foe of all descriptions of fraud and impositions, for simply repudiating the allegations of the lying press, and exposing the audacious impostors, was tried for libel, and in consequence had to bear a very heavy financial outlay in defending himself.

It strikes us as most extraordinary that in an emergency of this kind the medical journals of our country with a united voice should not make an appeal to the profession of this country for a subscription, not only to reimburse Dr. Reeves, but to provide a substantial testimonial to this noble representative of our craft for moving on single-handed and exposing the venal character of our American press and crushing out of sight this quack concern, which hoped to realize millions, rob thousands of poor dependent creatures and destroy very many lives which might be saved.

NEW YORK WAKES UP AND A GENEROUS LEGISLATURE APPROPRIATES ABUNDANT FUNDS FOR MORE HOSPITALS.

We have latterly called the attention of our subscribers, the majority of whom are general practitioners who constitute the bone and sinew, and brains, too, of our profession, to the alarming rate with which private dispensaries and mammoth hospitals are sapping the vitals of practice, and yearly making it well nigh impossible for him to maintain himself

by a strict adherence to honorable and legitimate methods in his relations with his patient.

We saw Pennsylvania vote away a half million dollars lately for more hospitals, colleges and dispensaries; and now comes to us the news that the Society of the Lying-in Hospital, the Post-Graduate School and the Polyclinic, of New York, are each to have $30,000 apiece a year from the State funds to run them. All these, it will be remembered, are private corporations, and are controlled by stockholders, the majority of whom are the doctors identified with them and their relatives. By the act of consolidation it is provided that the State will pay $1 a day per head for each patient kept in the hospital. This provides support for about 100 patients in other wards, and ample supply of clinical material for any medical college, however exacting. Particularly so is it in this instance, when they have the City Hospital or Bellevue as a dumping ground for all their undesirable or chronic cases.

This State support is an immense lift to those institutions, but it will be interesting to note how the general profession will view the matter, with the prospects of having their chances for a livelihood further menaced by these medical monopolies, now enabled to inflict greater damage on practice than ever.

Electro-Therapeutics.

IN CHARGE OF

DR. S. H. MONELL, New York.

STATIC ELECTRICITY — METHODS OF ADMINISTRATION.

Article 4.
(Copyrighted.)

Sparks may be administered, as may also the breeze, while the patient is electrified with either the positive or negative pole; and with the electrode attached to either pole, or to the ground. When we desire a muscular contraction, without the sting which is more or less inseparable from a spark directly upon the patient, the author's method of interrupting the current is of use. An example would be a case of lateral curvature of the spine, which usually occurs in young girls whose nervous condition presents objection to any form of treatment involving pain. The spine is bared sufficiently to apply an electrode directly upon the skin, and over, in turn, the motor points of the faculty muscles. The electrode is attached by a chain to one pole of the machine. The other pole is grounded, and with a grounded ball electrode, sparks are slowly taken from the pole to which the patient is connected. Another way—and one equally available—consists in holding a small ball electrode upon the spinal motor points while the machine is adjusted as in ordinary positive electrification. With a grounded ball electrode, sparks are then applied to the metal part of the electrode held in contact with the patient, but at a distance from the ball, which presses upon the motor point of the muscle. The contraction which follows is painless and effective. In this way an unlimited number of sparks may be applied to any given point without creating tenderness, as do repeated sparks upon a single place upon the body. Moreover, the strength and frequency can thus be so regulated as to produce effects reaching from slow, single, deep contractions to the infinitely rapid, sedative quality of the high-tension faradic coil. If a spot upon which I wish to repeat heavy, direct sparks becomes painful, as for instance a ganglion or goiter, I first obtain a degree of local anesthesia by this method of a high-tension application or by a sedative breeze, and then can follow with the sparks with no discomfort. In applying sparks upon the skin, it may be dried perfectly, if desired, by first dusting it with a little powder. The spark is then thicker, cleaner and less sharp. Air spaces under folds in the apparel interfere with sparks and should be removed by drawing the garment to a smooth fit. Damp clothing will interfere also, and some fabrics facilitate the application more than oth-

ers. A steel buckle, a bunch of keys, metal buttons, ribs and steel springs in waists and corsets will attract the spark intensely and produce too sharp a sensation for comfort in some cases. In all static administrations there must be two objects kept in view. One is to produce benefit to the patient; the other is to avoid all possible annoyance. It is always desirable to strive to make the treatment as agreeable as possible, and this is generally as important a factor as the constitutional effect of the treatment, for the two results will proceed better in double harness than if the patient thinks the cure as bad as the disease.

Considered as a mere luxury and apart from remedial effects, no other form of medical treatment is capable of imparting the sense of satisfaction which can be obtained from certain forms of static electricity. Unless the effect of a counter-irritant is especially desired, the breeze should be as agreeable around the head and spine as the soothing manipulations of a dextrous hair-dresser. If sparks are applied with conservative caution until tolerance develops in the tissues, there will be very little complaint. Slowly repeated, clean-cut sparks will be readily endured even by hypersensitive neurasthenic cases. Never treat a new patient to a fusillade of sparks at a first sitting.

There are certain anatomical localities which are usually to be avoided. In a general way the head should be omitted from spark treatment, though to this rule, as well as to most others, there are exceptions, and modified sparks are frequently applied to special portions of the head with great benefit. The breast, both in male and female, and particularly the nipple, is sensitive; in many cases extremely so, and should not be struck with a spark except for sufficient cause. Bony prominences throughout the body are regions where caution is advisable, there being no pillow of soft tissue to break the blow. A spark on the dorsal surface of the foot or hand, and especially over a toe or finger nail, is more uncomfortable than many patients would admire unless the conditions are altered by disease, as they would be in a case of chronic synovitis, or localized edema. The genitals, most of all, must be avoided. The sickening sensation caused by a spark in this peculiar sensitive region would have no other excuse than bungling carelessness.

Besides the ordinary and single, thick percussion spark, which has hitherto been the sole subject of our consideration, there is a form of "friction" spark which has certain uses. It may be obtained in several ways. The ball electrode may be enveloped in a flannel covering and rapidly rubbed over the surface, if applied directly to the skin. Upon the covered body the same effect is furnished by the resistance of the garments worn, especially if of wool. It is a near counterpart of general faradization, is quickly applied, and exceedingly valuable in myalgias and as a cutaneous stimulant. One of the most effective methods, also, and one often employed by the author, is secured by rapidly interrupting the current and using the spray electrode. The technique is as follows: Let the patient hold the conducting rod above or below the sliding positive pole of the machine so as to draw a series of rapid sparks of a length to suit the conditions of the case. The point electrode is then grounded or connected with the opposite pole, and rapidly swept over the affected part at the distance which is found to produce the proper effect. As the electrode approaches nearer the spine or limb to which it is applied the breeze will merge into a brush discharge, and still nearer this will become filled with jets of fine, flying electrified particles of air; a veritable electric spray! Stronger sparks will occasionally be interspersed with the finer jets, if the electrode is swept still nearer, and the administration partakes of the nature of a powerful and stimulating tonic. Its intensity is, however, under complete control, and may be regulated to a proper degree.

The description of other methods of administration will be found in the work from which this chapter is taken.

Surgery.

IN CHARGE OF

DR. T. H. MANLEY, New York.

PERMANENT RESULTS AFTER ALEXANDER'S OPERATION.

Kuster gives the results of 14 cases treated by Alexander's operation for prolapse and retroflexion of the uterus at periods varying from one to seven years.

In four it was performed for prolapsus and in 10 for retroflexion.

In the cases of prolapsus a plastic, vaginal operation was combined. He had in this group one relapse in one year. In the retroflexion he had two relapses, which he attributed to the uterus being somewhat fixed at the time of operation.

In all the cases the hypertophic metritis rapidly disappeared after operation. Our author believes that this operation is to be preferred to all others in appropriate cases, as where there are no adhesions and the case is not too chronic.—Octave Pasteau (Annale De Medicine, Mai, '95).

ENDOTHELIOMA OF THE OVARY.

Between tumors of an epithelial origin and those derived from the connective tissue elements in many cases the distinction is not very clear. Certain tumors partake of each of those characters without being positively allied to either, as dis- and Marchand. These authors describe a tumor of the ovary which presents two characters, which they designate an endothelioma. They believe that its endothelial elements arise from the blood vessels and lymphatics of the connective tissue. Marchand has studied 12 cases of this type of neoplastic formation in the ovary. These endothelial elements are found in papillomatous cysts of the ovary, and in the broad ligament. When an endothelial tumor of the ovary is a primary formation it may be recognized by the naked eye. Its volume varies. It is always highly vascular.—Annales Med., Mai 12, '95.

CLINICAL FORMS OF APPENDICITIS.

BY DR. OBRATSOFF.

(Annales de Med., Juin, '95.)

There may be classified five or more forms of appendicitis from a clinical standpoint:

Appendicitis from colicky contraction of the appendix—This is provoked by the passage of a hard body through the appendix, causing a contraction of the muscular tissue. The symptoms are pain, perhaps, localized in the iliac fossa or the umbilicus, attended with vomiting. The temperature is often normal. There is no tumefaction or tympanitis. The duration is from a few hours to one or two days.

Catarrhal appendicitis succeeds in consequence of an excess of adenoid tissue in the appendix, leading to stenosis or obliteration. Its duration is short. Pain, vomiting and fever are present. There is no tumor, sonorous note or percussion; local pain relieved by pressure.

Peri-appendicular appendicitis—In this type inflammation involves the peritoneum and adjacent organs. Its etiology varies from fecal impaction to microbic invasion. It produces an adhesive inflammation, gluing the neighboring parts together and thus producing a tumor. Clinically it is recognized by pain, this in many cases having a hepatic or gastric character; vomiting and constipation are present, rarely diarrhea. Fever, with the initial chill, often initiates this grave type. Here we will find an intumescence of the abdominal integuments with tympanitis. Fetid breath and great thirst are usually present. This form may last from a few days to three or four weeks. This inflammation tends to propagate itself in two directions, along the ascending and transverse colon and

through the sigmoid flexure—as perityphillitis and perisigmoiditis.

Perityphillitis—Tumor resistent and painful, situated along the right iliac fossa. Its duration is about the same as appendicitis.

Perisigmoiditis gives rise to pain in micturition and defecation. There is always a fullness along the left iliac fossa, with an extension of it over the bladder.

Perforating appendicitis may be rapid or slow. With it generalized peritonitis is frequent, when local symptoms disappear and alarming constitutional disturbances set in. When its advent is gradual a plastic deposit will wall off the general peritoneal cavity, though the purulent accumulation may so far burrow and spread as to make its way upward through the diaphragm and out through the umbilicus, or it may drain off by the bladder or the rectum. The differential diagnosis between simple and perforative appendictis is sometimes exceedingly difficult. The suddenness and the intensity of the phenomena which announce it are what must be chiefly relied on. In ichorous-appendicitis rapid perforation follows mortification, with general infection of the peritoneal cavity.

The origin of this grave type may sometimes be recognized at its outset. Its general characters are those of peritonitis, with acute prevalent infiltration. In these uncommon cases death is almost inevitable.

CASTRATION FOR PROSTATIC HYPERTROPHY.

Kummell (Berl. Klinik, August, 1895), in a lecture on the operative treatment of enlarged prostate, reports eight cases of this affection in which he performed double castration. The operation was followed by considerable relief in these cases, but one patient, aged 77, died from exhaustion after an interval of four weeks. In a review of his own cases, and those published by other surgeons, he states that in a large majority of instances of senile enlargement of the prostate White's operation is certainly followed by a more or less rapid shrinking of the prostatic tissue. This result of double castration in most cases enables the patient to dispense with the use of the catheter, and to discharge urine spontaneously. The bladder troubles also are much relieved, and the general condition is improved. In the selection of suitable cases attention should be paid to the condition of the muscular structure of the bladder. If the detrusor muscle be paralyzed to such an extent that the bladder cannot be completely emptied, even by the use of a catheter, it would be useless to expect a restoration of normal function as a result of removal of the obstruction to the flow of urine. In two of the cases here recorded, however, good results in this respect were obtained in spite of considerable weakness of the detrusor. In many cases the diminished size of the prostate after double castration permits of the more ready introduction of a catheter, and thus wards off the dangers of retention. In the author's opinion, the treatment of hypertrophy by double castration compares favorably with other operative measures in being simpler in performance and less dangerous. It can be performed without subjecting the patient to the risk of general anesthesia, and necessitates but a very short stay in bed, which with regard to old and enfeebled subjects is a very important point. The operation, it is stated, should be recommended only to those whose sufferings have attained a high degree, and can no longer be relieved by mere symptomatic treatment. The author met with no objection to the operation from any of his patients, all of whom were well satisfied with its results. The recorded instances of success are so numerous and striking that the author has been led to the conclusion that the surgeon is certainly justified in suitable cases of enlarged prostate in advising and performing this operation. Although a more extended series of observations is needed before a clear and absolute judgment

can be formed on this new method, there can be no doubt, the author holds, that this procedure is a valuable addition to the operative means of dealing with advanced and grave forms of prostatic hypertrophy. The observations with regard to the influence of unilateral castration on the growth of the prostate are very contradictory, and further information is needed before any definite conclusion can be reached on this question.

THE PROTECTION OF THE INTERNAL ORGANS IN GONORRHEA.

Auvard (Arch. de Tocol. et de Gynec., June, 1895) strongly objects to the use of the curette in the course of acute gonorrhea. Theoretically the practice seems justifiable, but experience has proved that it is one of the surest ways to cause extension of the disease to the tubes and ovaries. After the use of the curette, a minute piece of infected glandular tissue may be left behind. The entire surface of the uterine cavity may be disinfected by and after the scraping, yet then the mucosa, which acts as a rampart against microbic infection, has been destroyed. The probable entrance of specific pus from the vagina, an accident difficult to avoid, sets up uterine gonorrhea of a type worse than the first attack. The parametrium under these circumstances, is very liable to be invaded through the open and damaged lymphatics. In order to prevent inflammation of the tubes and ovaries complete rest must be enforced. The great danger in gonorrheal salpingitis is sterility, and as in married women the fact of infection is a source of great misery, the patient's mental annoyance is much aggravated by the subsequent complications which render her barren. In the early stage of gonorrhea the more timid our surgery the better for the patient. The uterine cavity is best left alone. The vagina and cervix should be swabbed with a 1 per cent. solution of nitrate of silver once or twice a week, and a 1 in 1000 solution of sublimate employed as an injection twice daily. In the early stage of inflammation of the appendages Auvard recommends ice. It should be broken in small pieces, mixed with a little salt, placed in an India rubber bag and applied to the tender hypogastrium or iliac fossa. A double layer of flannel should be laid on the skin to protect it from the ice. When the pain is less and the other symptoms mild, blisters will be sufficient. The patient must not get up till a day or two after all pain has passed off. Glycerine plugs must then be applied about three times weekly. By such methods, used in time, sterility and the need of removal of the tubes and ovaries may be averted.

Medicine.

IN CHARGE OF

DR. E. W. BING, Chester, Pa.

INTERNAL USE OF COCAINE IN WHOOPING COUGH.

Wells and Carre (Sem. Med., June 19) have treated some 300 cases of whooping cough by the internal administration of hydrochlorate of cocaine in doses varying from 4 milligrammes in infants of 8 months to 2 centigrammes in children of 5 or 6 years. These doses were given three times in the 24 hours. The treatment had a very favorable effect on the symptoms and course of the disease. Vomiting was checked, appetite returned, the attacks of cough diminished both in frequency and in intensity, sleep was less disturbed and the duration of illness was markedly lessened, the disease being cured, as a rule, in three weeks, sometimes in a fortnight. Cocaine is generally well borne by children. The only disagreeable effect occasionally noted is looseness of the bowels, which, as constipation is a frequent accompaniment of whooping cough, the authors think an advantage rather than otherwise.

ICHTHYOL IN THE TREATMENT OF PHTHISIS.

Scarpa (Rif. Med., March 6, 1895) communicated to the Medical Society of Turin the results obtained by him in the treatment of 150 cases of pulmonary phthisis with sulpho-ichthyolate of ammonia. Of the 150 cases so treated, 23 died, but these were already in a desperate condition when the treatment was commenced; 17 are at present cured to all appearance, having no subjective symptoms, and objectively only such signs as may be called the inevitable relics of the disease; 50 are much relieved and in a fair way to recovery; 32 show an improvement less marked, but still evident; 28 show as yet no appreciable change. Contrary to what is observed with guaiacol and creasote, the improvement begins with the special symptoms—for example, cough, expectoration, pain; improvement in the general symptoms, appetite, strength, fever, and sweating, comes later, after two or three weeks. The author uses a 30 per cent. solution in water, glycerine or alcohol, of which he administers 20 to 200 drops daily in water.

Three peculiar accidents are reported in the France Medicale, as follows:

A waiter in a cafe, overcome with lust and not having the natural means of satisfying it at hand, used the neck of a decanter as a substitute for a vagina. He had no knowledge of physiology and dreamed of no mischance; so his astonishment and fright were great when, the operation ended, he found he was "fast." To add to his troubles the bell, summoning him to the bar, rang furiously. He could not go before his customers with a decanter attached where it had no business to be, and he took the chances, smashed the bottle and escaped with a wound which caused a free hemorrhage, but released his penis.

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2. In a small town in the south of France a husband and wife were surprised one evening to find the lamp chimney missing. Their son, 18 years old, had gone to bed complaining of colic, and the doctor was sent for. As the latter entered the room the young man made a sign for silence. The parents were asked to leave the room, and then an examination disclosed the fact that the young man had made use of the lamp chimney and its disappearance was at once explained. Sending for a diamond the doctor restored at once the lamp chimney and his patient.

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3. A young lady had been warned against the terrors of syphilis, and was afraid of contracting it if she allowed her desires full play. She, therefore, made use of a lamp chimney in lieu of the virile member, with the result that she soon had a troublesome ulceration of the vagina. Recognizing the cause, she gave in to her lover's wishes, and the previous use of the lamp chimney saved him the trouble of forcing a passage.

A paper by Dr. Marchae, in the Revue Medicale, treats of the subject of poisoning. He says that the subject is generally considered from a medico-legal standpoint, but his aim is to treat the subject briefly, considering the mode of action of poisons, their character, symptoms and treatment.

The mode of action is double—local and general. The local action predominates in only a few poisons. It is limited in extent, depending on their coagulating capacity. General action is at the same time the proof, and the consequence of their absorption.

The effect of a poison is influenced by factors modifying absorption, such as the form in which the poison is taken, the degree of fullness of the stomach, whether the substance is taken in a solid or liquid state, etc.

Symptoms and diagnosis of poisoning—These symptoms are very various, but there are some prominent ones nearly always present. What strikes one first in acute poisoning

is the "sudden" attack and the impossibility of grouping the symptoms to resemble those of a determined disease, although they do simulate sometimes the symptoms of violent irritation or inflammation of the alimentary passages or a profound impression on the nervous centres. Bystanders can generally furnish important information as to "how it happened" when several persons are taken ill after a common meal, and the question explains itself.

The time which has elapsed since the ingestion has an important bearing also in a decision as to whether the person is poisoned, as do the habits of the individual, his remarks previous to taking the article. Where no information can be obtained the diagnosis must be arrived at by exclusion. If poisoning is present we must adopt and carry out a rational treatment, and to do this we must endeavor to find out what the poison is by an examination of the materials vomited. There is no time for a clinical or microscopical analysis. The first thing to be determined is whether the substance is acid or alkaline. This may be settled by the use of litmus paper. The next step is to see if the vomited matter can be recognized by the eye or by the lens.

The color of the vomit is sometimes of great assistance, especially in the case of the colored chemicals. Odor is often characteristic. Taste, if one cares to make use of the function, is often of great service. The characters of the stools, if any, must also be watched.

Treatment—In most cases the stomach is to be emptied by vomiting produced by drugs or by titillation of the throat; draughts of tepid water, with mustard or sulphate of zinc, ipecac or emetic. Some substances change the mucous membrane of the stomach so much that the emetic must be given simultaneously to make it act; the drug for these cases is apomorphine. The stomach should be washed out by the pump if possible, except where the substance is strychnine, where the contact of the instrument produces such severe reflex spasm that it is impossible to introduce it. It is also contraindicated in the case of corrosive poisons.

The mineral and chemical poisons have usually an antidote, which must be chosen for an opposite reaction to the substance taken. Iodine is an excellent antidote for the alkaloids, 10 to 20 drops every 10 minutes in water. Coffee, tannin, dogwood are also of service in cases of alkaloidal poisoning.

Miscellany.

INTESTINAL HEMORRHAGE AFTER HERNIOTOMY.

Fikl (Wiener Klin. Wochenschrift, June 27, 1895) reports a case in which 16 days after herniotomy for strangulated left inguinal hernia melana occurred. The knuckle of the small intestine at the operation was of a deep red color, and the constriction tight, but the peritoneum was still smooth and glossy, and the fluid in the sac clear. On the third day after operation scybala were removed from the rectum with a spoon, and on the following two days copious normal evacuations resulted from enemata and calomel. The treatment of the hemorrhage was ice to the abdomen and ergotin internally, with the result that the stools were natural four days later. The cause was probably necrosis of a small piece of mucous membrane at the seat of constriction, which had existed three days before the operation. There were no gastric symptoms. Albert (ibid., No. 22) regards such cases as very rare, but Fikl thinks they may be commoner than is generally supposed.

ROSE'S OPERATION FOR TRIGEMINAL NEURALGIA.

Eskridge and Rogers (American Journal of the Medical Sciences, July, 1895) report a case of neuralgia of

the right trigeminal nerve of eight years' duration treated with success by excision of the three divisions at the Gasserian ganglion, and partial destruction of the gland itself. The patient was a man, aged 45 years, on whom an operation was performed by Rogers in 1892 for partial excision of the right inferior dental nerve. This operation gave complete relief for a time, but four months later the suffering became so intense that the patient threatened to commit suicide. In May, 1893, Rogers again operated, and on this occasion the Gasserian ganglion was exposed by Rose's method. The operation proved to be a very difficult one. The manual labor of the first part was very trying, as there was considerable and continuous oozing of blood, and in dealing with the ganglion the operator had to trust to the tactile sensation of his fingers, as he was unable to see the deep-seated parts of the wound. The substance of the ganglion, it is stated, was completely dismembered by a sharp hook and other instruments. Although no antiseptics were used on the wound or on the dressings the recovery, though retarded, was very satisfactory. In August, 1894—about fifteen months after the operation—the patient had had no return of the pain. Eskridge, who examined the patient in September, 1893, found that he had gained several pounds in weight since the operation and was quite well. The first division of the trigeminal nerve he found had not been completely divided. Taste was absent in the right anterior portion of the tongue, whilst smell was present and equal on the two sides.

RENDER THE INTESTINAL CANAL ANTISEPTIC.

The Materia Medica gives at least one safe intestinal antiseptic. It is salol. Professor Hare, in the last edition of his Practical Therapeutics, says that salol "renders the intestinal canal antiseptic, and so removes the cause of the disorder, instead of locking the putrid material in the bowel, as does opium." He regards salol as "one of the most valued drugs in the treatment of intestinal affections." Have we a substitute for opium for the relief of pain? Here comes in the American coal-tar products in the first of which for the relief of pain stands antikamnia. Therefore, we conclude that to remove the cause, to render the intestinal canal antiseptic, we have an invaluable remedy in salol; while to remove accompanying pain, to quiet the nervous system, and to reduce any fever which may be present, we have a remedy equally efficacious in antikamnia—an ideal combination for the treatment of this large class of diseases, and we may specially cite typhoid fever. These two drugs are put up in tablet form, called "antikamnia and salol tablets," each tablet containing two and one-half grains of antikamnia and two and one-half grains of salol.

ANTISEPTIC GAUZE.

The subject of gauze dressings, and especially a consideration of what is the proper standard for gauze, has recently been very much discussed. A very good readable summary of the question is contained in a monograph of 24 pages issued by Johnson & Johnson, in which is discussed gauze cloth, its nature and use. Quality required for surgical dressings. Comparison of gauze used by various manufacturers and hospitals. Authoritative processes and formulas as given in hospitals. Authoritative works including those for the manufacture of Linton moist gauze. Standard for gauze as discussed by leading authorities, including Lister's standard, and a discussion of the finished basis and a standard strength based upon the strength of the solution adjusted definitely to the measure and weight of the gauze; with opinions of various surgeons as to a proper standard. The book also contains a discussion of moist and dry dressings, and an explanation of the so-called "comparative tests" for gauze.

IS TOTAL EXTIRPATION OF THE RECTUM EVER JUSTIFIABLE.*

*JOSEPH M. MATTHEWS, M. D., LOUISVILLE, KY.

All malignant growths affecting the anus first should be removed, if seen at the the proper time. If a growth of this kind is situated in the immovable portion of the rectum, and has not extended higher than this, or has not invaded vital structures, the surgeon can remove it, observing the injunction to "cut wide of the mark." But this is a very different thing from removing the entire rectum and that, too, when no promise can be given.

I have written after a fair trial of all methods proposed for the total extirpation of the rectum. And I have usually seen these patients go on from bad to worse. I must confess that some remorse of conscience has overtaken me when the question stared me in the face, why did I do so formidable an operation, when in truth there was no good surgical reason for doing it. This is an unfortunate class of patients, the most unfortunate of all, and they do indeed catch at straws. They need our fullest sympathy, and nothing less than a firm conviction that we can either cure or materially benefit them, should lead the surgeon to do so radical an operation as the total extirpation of the rectum. Can we promise either?—(From Med. and Surgical Reporter.)

AMERICAN DERMATOLOGICAL ASSOCIATION.

Programme of the nineteenth annual meeting, to be held at the Windsor Hotel, Montreal, Canada, September 17, 18 and 19, 1895.

FIRST DAY.

Tuesday, September, 17, 1895. Business meeting (with closed doors) at 9.30 A. M.

Report of council.

Nomination of officers for the ensuing year.

Appointment of Auditing Committee.

Proposals for active and honorary membership.

Miscellaneous business.

SCIENTIFIC SESSION (open meeting) at 10 30 A. M.

1. Address by the president, Dr. S. Sherwell.

2. Angiokeratoma of the scrotum; Raynaud's disease of the ears; report of cases, Dr. J. A. Fordyce.

3. Two cases of hydroa vacciniforme, Dr. J. E. Graham.

4. Two cases of bromide eruption, Dr. G. T. Jackson.

Adjournment at 1 P. M.

SCIENTIFIC SESSION at 3 P. M.

5. The value and limits of usefulness of electrolysis in dermatology.

GENERAL DISCUSSION.

6. Dermatological notes, Dr. W. A. Hardaway.

7. The epitrichial layer of the epidermis and its relationship to ichthyosis congenita, Dr. J. T. Bowen.

Adjournment at 5 P. M.

SECOND DAY.

Wednesday, September 18, 1895. Business meeting (with closed doors) at 9.30 A. M.

Report of treasurer and Auditing Committee.

Election of officers.

Election of active and honorary members.

Selection of time and place of next meeting.

Miscellaneous business.

SCIENTIFIC SESSION at 10.30 A. M.

8. Remarkable drug eruption, Dr. F. J. Shepherd.

9. A hitherto undescribed sequel of non-parasitic sycosis, Dr. J. A. Cantrell and Dr. J. F. Schamberg.

10. The infected scratch and its relations to impetigo and ecthyma, Dr. H. G. Klotz.

11. A contribution to the study of mycetona, Dr. J. N. Hyde.

Adjournment at 1 P. M.

AFTERNOON MEETING at 3 P. M.

12. Unusual papulo-pastular and fungating bromide of potash eruption in a baby, illustrated, Dr. G. T. Elliot.

13. An etiological puzzle, Dr. J. C. White.
14. Studies on some dermatological subjects, Dr. A. R. Robinson.

Adjournment at 5 P. M.

THIRD DAY.

Thursday, September 19, 1895. Morning session at 9.30 A. M.

15. A unique case of agminate folliculitis of parasitic origin, Dr. M. B. Hartzell.
16. Note on antiparasitic treatment of eczema, Dr. J. Zeisler.
17. Treatment of erysipelas based upon a second series of fifty cases, Dr. C. W. Allen.
18. Note on drug eruptions, Dr. J. A. Fordyce.
19. A further study of alopecia praematura and its most frequent cause, Dr. G. T. Elliot.

Adjournment at 1 P. M.

AFTERNOON SESSION at 3 P. M.

20. The prevalence of germ dermatoses, Dr. J. C. White.
21. Symbiosis of cutaneous eruptions, Dr. J. Zeisler.
22. Sleep in its relation to diseases of the skin, Dr. L. D. Bulkley.
23. Exhibition of photographs of unusual cases, Dr. H. W. Stelwagon.
24. (Title to be announced), Dr. S. Lustgarten.
25. Urticaria pigmentosa. Case twenty years under observation, Dr. P. A. Morrow.
26. Note on the elastic circular bandage, Dr. G. H. Fox.

Adjournment.

It is a matter of some interest to physicians to learn that the Columbia Chemical Company, of Washington, D. C., in their litigation with Dr. William A. Hammond have come out ahead. The Courts have restrained Dr. Hammond, The Hammond Sanitarium Company, Dr. Mahlon Hutchinson and Dr. Hammond's son-in-law, Mr. Lanza, from manufacturing, advertising or selling the Animal Extracts. It appears that Dr. Hammond sold the sole right to these products, together with the use of the name, to the Columbia Chemical Company, but endeavored later to give the right again to the Hammond Sanitarium Company, in which Dr Hammond is a large stockholder. The Columbia Chemical Company, however, have fought the case with vigor, and have had their rights, under their contract with Dr. Hammond, upheld in every particular by the Courts. During the proceedings in Court it developed that the formula of the Animal Extracts is a secret, and is held only by Dr. Hammond and the Columbia Chemical Company.

Official list of the changes of station and duties of medical officers of the U. S. Marine Hospital Service for the fifteen days ended August 15, 1895.

Wasdin, Eugene; P. A. Surgeon. Granted leave of absence for ten days, August 1, 1895.

Williams, L. L.; P. A. Surgeon. To proceed to South Atlantic Quarantine Station for temporary duty, on being relieved by Assistant Surgeon E. Prochazka, August 6, 1895.

McIntosh, W. P.; P. A. Surgeon. Granted leave of absence for thirty days from September 1, 1895—August 5, 1895.

Magmder, G. M.; P. A. Surgeon. To assume command of small-pox camp, Eagle Pass, Tex., August 10, 1895.

Geddings, H. D.; P. A. Surgeon. Granted leave of absence for thirty days, on being relieved by P. A. Surgeon L. L. Williams.

Brown, B. W.; P. A. Surgeon. To proceed to New London. Conn., as Inspector, August 15, 1895.

Rosenau, M. J.; P. A. Surgeon. To proceed to Eagle Pass, Tex., for temporary duty, August 4, 1895.

Nydeggan, Jas. A.; Assistant Surgeon. To assume charge of Detention Camp, Waynesville, Ga., in addition to other duties, August 14, 1895.

Rochazka, E.; Assistant Surgeon. To proceed to Charleston, S. C., for temporary duty, August 6, 1895.

Dr. Frank Parsons Norbury, who recently removed to St. Louis to assume the editorial management of the Medical Fortnightly, has been elected to the chair of Practice of Medicine and Clinical Medicine in the St. Louis College of Physcians and Surgeons.